

8-3101

A

Certificate of Mailing	
Date of Deposit <u>August 29, 2001</u>	Label Number: <u>EL 834597916 US</u>
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
<u>Rosemarie Perullo</u> Printed name of person mailing correspondence	<u><i>Rosemarie Perullo</i></u> Signature of person mailing correspondence

jc971 U.S. PTO

09/942535



08/29/01

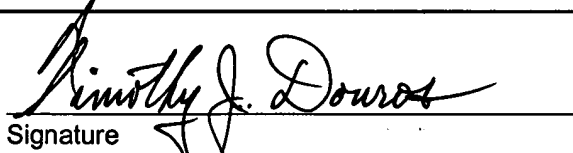
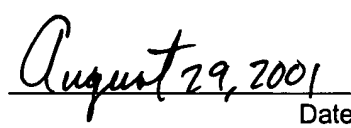
UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	01997/515001
Applicant	James E. Stein et al.
Title	PREVASCULARIZED POLYMERIC IMPLANTS FOR ORGAN TRANSPLANTATION
PRIORITY INFORMATION:	
This application is a divisional of United States patent application 08/345,217, filed November 28, 1994.	
SMALL ENTITY STATUS:	
x Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	[1] pages
Specification	[24] pages
Claims	[3] pages
Abstract	[1] pages
Drawing	[4] sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; x A copy from prior application 08/345,217 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	[5] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages

jc490 U.S. PTO

08/29/01

08/345,217 - 08/29/01

0944535 082901

Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$710/\$355	\$355.00
Excess Claims Fee: 11 - 20 x \$18/\$9	\$****
Excess Independent Claims Fee: 2 - 3 x \$80/\$40	\$****
Multiple Dependent Claims Fee: \$270/\$135	\$****
Total Fees:	\$****
<input type="checkbox"/> Enclosed is a check for [**AMOUNT**] to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. _____ to cover the total fees. <input checked="" type="checkbox"/> The filing fee is not being paid at this time. <input type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. _____.	
CORRESPONDENCE ADDRESS:	
Timothy J. Douros Reg. No. 41,716 Clark & Elbing LLP 176 Federal Street Boston, MA 02110 <div style="text-align: right;"> Telephone: 617-428-0200 Facsimile: 617-428-7045 </div>	
CUSTOMER NO: 21559	
 Signature	 Date

\\CLARK-W2K1\documents\01997\01997.51500b Utility Appln Trans. 1.53(b).wpd



21559

PATENT TRADEMARK OFFICE